

# Pickering Medical Practice

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pickering Medical Practice on 30 September 2015.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- The practice was working with Dementia Forward to facilitate support for patients and their carers. In addition they had developed a dementia study module for medical students, which had specific project work to improve local services.
- We saw good relationships had been developed with the local secondary school and a system was in place to assure confidentiality. The practice had recently opened a weekly sexual health hub in conjunction with the local GUMed ( Genito-Urinary Medicine) Service. There was a separate waiting area for teenagers to use when required.

# Summary of findings

- The 12 practice federation although in its infancy was already providing benefits for staff and patients. The federation had agreed that all practice roles would have a minimum requirement of training to improve

consistency and to eventually help each other by sharing staff when required. They would know what was expected from them wherever they worked within these 12 practices.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed how the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and they held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which was then acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for these patients were good for conditions commonly found in older people. This patient group numbers were 39% of the practice population. This was significantly higher than the CCG average and the national average reported for GP practices. However, the practice offered proactive, personalised care to meet the needs of their older patients and they had a range of enhanced services, for example, in dementia and end of life care. All patients in this age group were made aware of their named GP; who co-ordinated their care and treatment. The practice was responsive to the needs of older patients especially in such a rural area, and offered home visits and rapid access appointments for those with enhanced needs. Care reviews were with their named GP and often in their own home. Each week there were multi-disciplinary meetings (with other health and social care professionals) to establish appropriate care packages to help prevent admission to hospital.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. To support uniformity of management decisions, consistency of approach and high quality record keeping for patients with LTCs practice protocols were in each consulting room. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver multidisciplinary packages of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young patients. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young adults were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the

Good



# Summary of findings

premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. In addition we saw good relationships had been developed with the local secondary school and a system was in place to assure confidentiality. The practice had recently opened a weekly sexual health hub in conjunction with the local GUMed (Genito-Urinary Medicine) Service. There was a separate waiting area for teenagers to use when required.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of their working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services and the GPs were happy to consult via email if preferred by patients. There was a full range of health promotion and screening that reflected the needs of this age group.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They all had a named GP who provided continuity of care. They had carried out annual health checks for patients with a learning disability and all of them had received a follow-up, where necessary. Longer appointments were offered for all patients within this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They were signposted to various support groups and voluntary organisations, when appropriate. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They supported patients with

**Good**



## Summary of findings

dementia to consider advance care planning for their future, when appropriate. The practice was working with Dementia Forward to facilitate support for patients and their carers. In addition they had developed a dementia study module for medical students, which had specific project work to improve local services.

The practice had told patients experiencing poor mental health about the various support groups and voluntary organisations which were available. There was a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 3 September 2015 showed the practice was performing better than local and national averages. There were 142 responses and this was a response rate of 55.3% of the surveys distributed.

- 65.2% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 67.2% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 89.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89% and a national average of 85%.
- 93.8% say the last appointment they got was convenient compared with a CCG average of 93.8% and a national average of 92%.

- 76.6% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 47.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69 % and a national average of 65%.
- 38.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients felt the practice delivered over and above their expectations and they said they never felt rushed by any clinician. All said they could access appointments with ease. The comments reflected what the most recent patient survey found.

## Outstanding practice

- The practice was working with Dementia Forward to facilitate support for patients and their carers. In addition they had developed a dementia study module for medical students, which had specific project work to improve local services.
- We saw good relationships had been developed with the local secondary school and a system was in place to assure confidentiality. The practice had recently opened a weekly sexual health hub in conjunction with the local GUMed (Genito-Urinary Medicine) Service. There was a separate waiting area for teenagers to use when required.
- The 12 practice federation although in its infancy was already providing benefits for staff and patients. The federation had agreed that all practice roles would have a minimum requirement of training to improve consistency and to eventually help each other by sharing staff when required. They would know what was expected from them wherever they worked within these 12 practices.

# Pickering Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC Pharmacist inspector and another CQC inspector.

## Background to Pickering Medical Practice

The surgery is located in the town of Pickering. There are 10,536 patients on the practice list and the majority of patients are of white British background. The practice manager told us there were a higher proportion of patients over 65 on the practice list compared with other practices in the area.

The practice dispenses medications to their patients who live more than one mile from the local pharmacy. The practice is a teaching practice; there are seven GPs (3 male and 4 females). There is a Practice Manager, a nurse practitioner, six practice nurses and three healthcare assistants and a phlebotomist. There is a dispensary team leader and part-time dispensers. In addition there are a range of administrative personnel to support everyday activities. The main practice in Pickering is open 8am-6.30 pm on Monday-Friday. There are early morning appointments available from 7am on Wednesday and Thursday. There are late surgeries until 7.00pm on Wednesday and until 7.15pm on Monday & Thursday. At the branch surgery in Thornton le Dale, GP surgeries are held on Monday 4-5.30pm, Tuesday 9-11.30am and Friday 8.40-11am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Yorkshire Doctors Urgent Care (YDUC).

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: minor surgery, a Patient Participant Group (PPG), and patients with Learning Disabilities have their physical health pro-actively managed.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

## Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit

on 30 September 2015. We did not visit the branch surgery at Thornton-le-Dale. During our visit we spoke with a range of staff which included GPs, practice manager, practice nurses, practice administrator, dispensing staff and receptionists and spoke with patients who used the service and two members from the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients, where appropriate. We reviewed seven comment cards where patients shared their views and experiences of the service. Patients were very complimentary about all of the practice staff and said they were treated with respect. We did not receive any negative comments; instead we were told what an excellent practice this was and how well the practice staff met the needs of all patient groups.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of their significant events to look for trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff that acted as chaperones were trained for the role and had received a disclosure and barring

check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Pickering practice for patients who did not live near a pharmacy and this was appropriately managed. Dispensing staff showed us the standard operating procedures for managing medicines (these were written instructions about how to safely dispense medicines). Prescription pads were securely stored and there were systems in place to monitor their use. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. We saw records showing all members of staff involved in the dispensing process had received appropriate training; however they did not have regular checks of their competence. There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. A Barcode scanning system was used for dispensing providing additional dispensing accuracy assurances. We were told that staff did not keep a 'near-miss' record (a record of dispensing errors that had been picked up

## Are services safe?

before medicines have left the dispensary) and there were no records of dispensing errors that had reached patients. We did see significant event records relating to the dispensary, and were told all dispensary staff met every three months to discuss these. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs had been carried out regularly, however some of the records were not clear. For example, there were appropriate arrangements in place for the destruction of controlled drugs but this activity had not been recorded in the correct register. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely with restricted access to authorised staff only. Vaccines were administered by nurses and healthcare assistants using directions that had been produced in line with legal requirements and national guidance.

- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A recent emergency that required the air ambulance support had tested the emergency protocol and its implementation, successfully. A de-brief for staff was held. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a Defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This was tested when there was flooding in the town and the building. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was 99% this was better than the national average of 93%.
- The percentage of patients with hypertension having regular blood pressure tests was 92.9% and this was higher than the national average of 83%.
- Performance for mental health related and hypertension indicators was 94.5% this was better than the national average of 88%.
- The dementia diagnosis rate of 93% was above the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been a number of clinical audits completed in the last two years; four of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. They were currently recruiting patients to be part of a research trial for improving the diagnosis and treatment of respiratory disease.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had either had an appraisal within the last 12 months, or were due and had been appointed.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training provided by a commissioned company.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

# Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure they met the practice's responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, where the GPs provided their out of hours contact details, so that patients could contact one of the clinical team to maintain continuity of care. Patients who were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant services. Many of these were provided within the surgery buildings.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.5% which was higher than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They encouraged female patients over the age of 74 to self-refer for breast screening.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.2% to 98.7% and five year olds from 93.1% to 98.9%. Flu vaccination rates for the over 65s were 80.94% and at risk groups 66.13%. These were also higher than the national averages.

Patients had access to appropriate health assessments and checks. All new patients had a health assessment with a GP and there were NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) at the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards were overwhelmingly positive about all of the practice staff. We were told how everyone responded with compassion when patients needed help and how they provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89.2% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90.5% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 95.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 90.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 94.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

90% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also extremely positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted clinicians if a patient was also a carer. There was a practice register of all people who were carers and these patients were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



## Are services caring?

Staff told us that when families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example they were part of a 12 practice federation known as the City and Vale GP Alliance (CAVA). They worked together on integration programmes to assure the needs of the practices populations were met appropriately. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care.

- Teenage patients were provided with confidential support where necessary.
- Appointments were often increased because of demand. For example in the summer when there was an increase in the population because of holiday makers.
- Minor injuries and sometimes major injuries were given priority because of the distance to secondary care (hospitals).
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The surgery in Pickering was open between 08.00 am and 6.30pm on Monday- Friday. Appointments could be booked from 7am on Wednesday & Thursday. Late appointments were available up to 7.00pm on Wednesdays and up to 7.15pm on Mondays and Thursdays. At the branch surgery in Thornton le Dale, GP surgeries are held on Monday 4-5.30pm, Tuesday 9-11.30am and Friday 8.40-11am. Appointments were available to be booked every day, on the day. In addition appointments could be booked up to six weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 66.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 65.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 76.6% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 47.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system e.g. a poster was displayed in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the one complaint received in the last 12 months and found it was dealt with in a timely way, as outlined in the practice policy.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example patients said the waiting room required updating and we saw it had been.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. It outlined the structures and procedures in place and ensured that:

- The management structures and systems had changed recently and now there was a clear staffing structure. Staff were aware of their own roles and responsibilities.
- Clear methods of communication involving the whole staff team and other healthcare professionals to disseminate best practice guidelines and other pertinent information.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners and new practice manager. All

staff were involved in discussions about how to run and develop the practice, and the partners encouraged all staff to identify opportunities to improve the service delivered by the practice. We saw evidence of this as the practice had participated in the CCG and National initiative, General Practice Improvement Programme (GPIP). They had made changes to their work place organisation; this had helped to improve the patients' experience.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They had increased the number of telephone and surgery appointments at the beginning and end of the day for working people. In response to the lower number of patients satisfaction with opening hours compared to the CCG and national figures.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included:

- The 12 practice federation although in its infancy was already providing benefits for staff and patients. The federation had agreed that all practice roles would have a minimum requirement of training to improve consistency and to eventually help each other by sharing staff when required. They would know what was expected from them wherever they worked within these 12 practices.
- The practice was working with Dementia Forward to facilitate support for patients and their carers. In addition they have developed a dementia study module for medical students, which has specific project work to improve local services.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- We saw good relationships had been developed with the local secondary school and a system was in place to assure confidentiality. The practice had recently opened a weekly sexual health hub in conjunction with the local GUMed (Genito-Urinary Medicine) Service. There was a separate waiting area for teenagers to use when required.